

POSITION	ID NO.	DATE
CLASSIFIER	2	6/16/94
EXAMINER	3-11	6/20/94
TYPIST	359	6/21/94
VERIFIER	342	6-22
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

# INDEX OF CLAIMS

Claim	Date
1	11/12/94
2	11/17/94
3	11/17/94
4	11/17/94
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